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The 'Operationalized Predicaments of Suicide' (OPS) applied to Northern Territory coroners' reports

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ABSTRACT

Objective: To apply the "Operationalized Predicaments of Suicide" (OPS) to coroners' reports with a view to classifying the drivers/triggers of suicide in the Northern Territory (Australia) for the years July 2000–December 2010, with attention to the total population, and to a comparison of suicide triggers for the Indigenous and non-Indigenous communities.
Methods: A total of 411 reports (Indigenous, 198; non-Indigenous, 213) were obtained from the National Coroners Information System (NCIS). A research officer thematically analysed each case report and classified each according to the four categories of the OPS. Calculations were performed for the entire sample and comparisons were made between Indigenous and non-Indigenous groups.
Results: For the total sample, 20% of suicides were triggered by mental illness, and 58% were triggered by social/environmental events. In 9% there were both mental illness and social/environmental factors, and in 14% no triggers could be identified. There were group differences; the non-Indigenous group was over represented in the mental illness category and the Indigenous group was over represented in the social/environmental category (χ^2 (3) = 41.5, p = 0.000).
Conclusions: Social/environmental stressors are important triggers of suicide in the Northern Territory. Social/environmental stressors were more often the suicide trigger in Indigenous community suicide compared to non-Indigenous community suicide.

1. Introduction

Suicide is the tenth leading cause of death worldwide (Levi et al., 2003), but is incompletely understood. It is more common among people with mental illness (Mosciki, 1997; Scocco et al., 2000) than people without mental illness. However, in recent psychological autopsies in China, less than half the young people who completed suicide suffered a mental disorder (Phillips, 2010), and in a careful study in India, only 37% of those who completed suicide were found to have suffered a mental disorder (Manjor-anjitham et al., 2010).

Ample evidence confirms that adverse events (particularly relationship conflict and separation) can trigger suicide, independent of mental disorder (Rich et al., 1991; Cavanagh et al., 1999; Palacio et al., 2007; Cupina, 2009; Foster, 2011). Other risk factors for suicide include poverty and disparity of wealth, unemployment (Yamasaki et al., 2008), exposure to violence and hunger (Maselko and Patel, 2009), being born to a younger mother (Riordan et al., 2006), and being born to a mother in an unstable marital relationship (Gravseth et al., 2010).

Our group has argued that suicide may be conceptualized as the response of the individual to "predicaments", which are uncomfortable circumstances from which escape is difficult. Two main predicaments have been described, (1) untreated/unresponsive mental illness and (2) environmental/non-mental illness stressors (Pridmore, 2009).

An operationalized predicament suicide (OPS) framework has been described (Pridmore et al., 2012). The OPS is an arrangement of four categories, which enable classification of triggers/drivers of suicide:

- Category (Cat) A. A mental illness is clearly or probably present, and likely played a major role in triggering the suicide. No environmental/social (non-mental illness) stressors present.
- Cat B. An environmental/social (non-mental illness) stressor/s is clearly or probably present, which likely played a major role in triggering the suicide. No mental illness played a major role. For current purposes, terminal illness and intractable pain are considered as non-mental illness stressors and included in this category.

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- Cat C (combined). Mental illness and environmental/social (non-mental illness) stressors are both present, and both probably played a role in triggering the suicide. (Under these circumstances it is difficult to decide which, if either was the main trigger for the suicide. However, if the influence of one is clearly predominant and the other is clearly trivial, another category may be chosen).
- Cat U (unclassifiable). There is insufficient or contradictory information. Also, if there is no evidence for either mental illness or environmental/social (non-mental illness) stressor, this is the appropriate designation. Cat U can be used when dealing with uncertainty.

While the responsibilities and procedures of coroners differ to some extent from one region to another throughout Australia, reportable deaths are examined in a standard manner and with the highest care and integrity. Coroners' reports have been used in the study of suicide both overseas (Shiner et al., 2009; Scourfield et al., 2012) and in Australia (Parker and Ben-Tovin, 2002; Snowdon and Baume, 2002).

We (Pridmore and Fujiyama, 2009) conducted an epidemiological study of suicide in the Northern Territory (Australia) for 2001–2006. We found the suicide rate of the Indigenous community (36.7/100 000) to be significantly higher ($p < 0.001$) than for the non-Indigenous community (14.7/100 000). With respect to age group there was some evidence to suggest an earlier peak in suicide in the Indigenous community. We found that hanging was more common in Northern Territory compared to the rest of Australia, and accounted for 87% of Indigenous community suicide.

The Indigenous people of Australia have a life expectancy approximately 17 years less than the general population (Australian Bureau of Statistics, 2005), which has been attributed to well documented disadvantage of this population (lower education, higher unemployment, high levels of alcohol use, among others).

The aim of the present study was to apply the OPS framework to coroners' reports to provide greater elucidation of suicide in the general population of the Northern Territory for the years July 2000–December 2010, and to compare Indigenous community and non-Indigenous community suicide triggers using OPS categories.

2. Methods

Ethics approval was obtained, consistent with National Coronial Information Service requirements (Victorian Department of Justice – Human Research Ethics Committee (CF/10/3519), with additional Indigenous ethical review).

The coroners' reports were from the national internet based data storage and retrieval system for Australian coronial cases, the National Coroners Information System (NCIS). All cases from the Northern Territory were selected where the coroner had determined that the cause of death was as a result of intentional self-harm and where an electronic record of the coroners' findings was available. The timeframe of deaths reported was between July 2000 and December 2010. A total of 411 cases were available consisting of 198 Indigenous cases and 213 non-Indigenous cases.

The current analysis comprised one researcher, JA, coding all (411) reports in regular contact with and in reference to the other two authors, as well as a formal validation exercise. JA examined each file in detail, and placed each in an OPS category, according to the coroners' findings, and supporting information. The formal validation comprised all three authors and a fourth independent health professional (an Occupational Therapist working in research) reading a sample of 12 randomly selected reports (six Indigenous and six non-Indigenous cases). They independently allocated each case to one of the OPS categories (A, B, C or U). Their ratings were collated and analysed for consistency (Kappa).

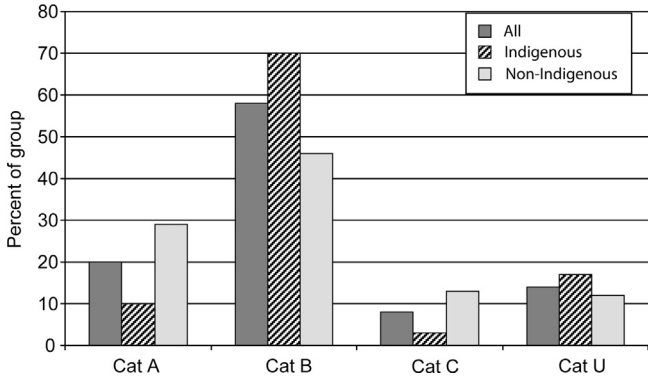

Fig. 1. Per cent of cases allocated to operationalized predicament suicide (OPS) categories; total sample, and separated into Indigenous and non-Indigenous groups. Cat: Category.

3. Results

The online Kappa test (Randolph, 2008) provides a chance-adjusted measure of inter-rater agreement which is suitable for the current study. The per cent overall agreement (Po) was 62.5% and the Free marginal Kappa = 0.5 (indicating a moderate strength of agreement).

For the total sample 20% were identified as Cat A (suicide triggered by mental illness); 58%, Cat B (suicide triggered by social/environmental events); 9%, Cat C (suicide triggered by both mental illness and social/environmental factors); and 14% were identified as Cat U (suicide triggers could not be identified from the available information).

When Indigenous and non-Indigenous groups were compared, the results were, Cat A, Indigenous 10%, non-Indigenous 29%, Cat B, Indigenous 70%, non-Indigenous 46%, Cat C, Indigenous 4%, non-Indigenous 13%, and Cat U, Indigenous 17%, non-Indigenous 12% (see Fig. 1). Non-Indigenous cases were over represented in Cat A and Indigenous cases were over represented in Cat B ($\chi^2(3) = 41.5$, $p = 0.000$).

4. Discussion

The OPS framework has recently been described. In one study using this system (Pridmore et al., 2012) 18 experienced psychiatrists from six different countries assessed 12 coroners' reports. They found the OPS had face validity and was consistent with their clinical experience. Respondents identified a trigger on 89.8% of decision occasions, and displayed modest inter-rater correlation (Kappa = 0.42 ($p < 0.0001$)). In the present study a formal validation exercise (four raters and 12 cases) provided a Free marginal Kappa = 0.5. While much higher correlations are preferred, these do indicate moderate strength of agreement. The OPS has face validity, if it can be accepted that not all suicide is the direct result of mental disorder (Walter and Pridmore, 2011). We believe lack of adequate training in the use of the OPS has been responsible for the less than desired correlation demonstrated to this point. Clinicians (and the public) have been indoctrinated with the dogma that all those who complete suicide have a mental disorder. Until recently, when Coroners were dealing with cases for which there was no apparent motivation, they made a 'diagnosis' of 'temporary insanity', because it was believed that no sane person could take their own life. (They overlooked the evidence of Judas, Cato the Younger and Dr Harold Shipman.) We believe that further training and 'permission' to find that suicide can occur in the absence of mental disorder will lead to higher levels of OPS correlation. Further studies are being planned.